DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees AMPAIGH DISCLOSURE ST for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

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Effective May 1, 2010, all statements and reports for State PACs and State

Parties must be filed electronically. Reset Form COMMITTEE NAME (Must be same as on Statement of Organization) FORM DR-2 DISCLOSURE IMPORTANT: Indicate by # type of committee you are reporting for: 5 (Rev. 12/2009) REPORT (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party 4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political For Office Use Only Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue Comm. # CANDIDATE COMMITTEES ONLY: Logged In 🖆 Candidate Name Political Party (if applicable) Scanned 5 Computer District (if Senate or House) Office Sought/ Audited Late reports are subject to possible civil and criminal penalties. Pursuant to lowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports. SIGNATURE OF PERSON FILING REPORT REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. Indicate by # / ☐CHECK IF AMENDMENT TO REPORT DATED Local Committees, enter Date of Election Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. County & Local Committees, enter County in (You must continue to file reports until a DR-3 is filed.) which Election is held STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)\$ ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) Schedule F: Loans Received total (Attach Schedule F) Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... (Schedule Happiles to Candidates' Committees Only) SUB-TOTAL.....\$ SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)........... Schedule F: Loan Repayments total (Attach Schedule F)..... CASH ON HAND at the end of this reporting period (if final report balance must be zero)\$ **UNPAID BILLS (From Schedule D - Attach Schedule D)......\$ *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)......\$ **OUTSTANDING LOANS (From Schedule F - Attach Schedule F)......\$ YES CONSULTANT BREAKDOWN (Schedule G Attached?) CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

CHE	ECK THIS BOX IF
	ENDING FORM
Alvie	INDING FORM

SCHEDULE

MONETARY

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
5/19/10	ID# CK#	unitemized contribution		\$ 20.00	
5/	ID#	· · · · · · · · · · · · · · · · · · ·		4	<u></u>
5/19/10	CK#	Robert W. Ruark 600 4th st. s.E. Delwein, IA 50662		50,00	
5/	ID#	Mark Arthur 20169-170th St., BoxA			
5/28/10 6/3/10	CK#	Sumner, LA 50674		200,06	
6/2/	ID#	Robert Bunn		h= 41	
13/10	CK#	Robert Bunn 15423-110th St. Maynard, IA 50655		25,00	
6/27/	ID#	Maynard Baving BANK			
21/10	CK#	P.O. Box 158 Maynard, IA 50655		, 3ద	L
7/. /	ID#	Dave James Hanson 11883 L. Ave Fayette, It 50/42-9228			
1/3/10	CK#	11883 L. Ave Fauche, IA 50/42-9228		50.00	L
	ID#				
	CK#				L
	ID#				
	CK#				L
	ID#				
	CK#				
	ID#				
	CK#				L
1 <u></u>		<u> </u>	SUB-TOTAL	-245 2X	

TOTAL (if last page of this schedule)

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of _________

Reset Form

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

vean	ne A. le	Illin for Supervi	SOR	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5/19/10		Premium Graphick 5512 Mitchelldale Houston, TX 77092	yard signs	\$884.02
6/4/10	ID# ck# <i>[20</i> 3	The Rec Room 13 N Frederick Ave. Oelwein, IA 50662	T. shirts	128.40
6/20/10	ID# CK# <i>}OO4</i>	Summer Gazette 106 E 16t Street Sunner FA 50674	Primary thank you	15.30
6/20/10	ID# ск#/ <i>©</i> 05	Elgin Echo ad7 Center Street Elgin, TA 52141	Primary thank you	18,00
والمحالما	ID# CK# /OO 6	Fayette County Union P.O. Box 153 West Union. It 52175	7	21.45
6/20/10	ID# CK#/ <i>OO</i> 7	Daily Register 25-13t St. 51E., Box 511 Oelwein, IA 50662	Primary thank you	15.00
7/3/10	ID# CK# / 008	Premium Graphica 5512 Mitchelldale Houston, TX 77092	banners	202.50
6/27/10	ID# CK# A.W.	Maynard Savings Bank P.O. Box 158 Maynard. IA 50655	maintenance fee	5.00
			SUB-TOTAL	\$1289.67

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entitles providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A-402(3)(i).)

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TOTAL (if last page of this schedule)

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
CHE	CK THIS BOX IF

AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Veani	ne A. Tel	lin for Supervis	se	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
6/27/10	CK# A. W.	Maynard Savings Bank P.O. Box 158 Maynard. IA 50655	check charge	\$ -40
6/27/10	CK# A.W.	May hard Savings Bank P.O. Box 158	sales tax on charges	.36
7/6/10	1009	Maynard, IA F0655 Jeanine Tellin 18534 100th Street Maynard, IA 50655	Reimburse for T-shirt @ Rec Room	128.40
	ID# CK#			

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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Page	_2/	of	_≪_	

SUB-TOTAL

TOTAL (if last page of this schedule)

FOR INSTRUCT	SCHEDULE		
COMMITTEE	NAME (Must be same as on Statement of Organization)		D INCURRED (Rev. 08/98) INDEBTEDNESS
Veani	CHECK THIS BOX		
	ne A. Tellin for Supervi		IF AMENDING
	previously reported that remain unpaid must be included on this ule, as well as any new obligations incurred in this period.	Reset Form	FORM
DEBTS/OB	LIGATIONS REMAINING THIS REPORTING PERIO	D	An "incurred debt" is a debt for goods or services ordered or
(DO NOT IN	iclude Loans — show Loans on schedule i	F)	received, but not paid for by the end of the reporting period.,
•			regardless of whether an invoice has been received.
DATE INCURRED	NAME AND ADDRESS OF PERSON	DESCRIPTION OF GOODS	
(MM/DD/YR)	TO WHOM DEBT OR OBLIGATION IS OWED	SERVICES PROVIDED O PURCHASED	CLOSE OF REPORTING PERIOD*
7/6/10	Rel Incorporated / Discount Faunce		\$
16/	Bel Incorporated/Discount Favors 6905 NW 25th Street	Koszies	25790
110	Miami, FL 33/22	1002/65	357.99
		,	
			
		····	

SUB-TOTAL

357.99

TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD

357.99

"If actual figure is unknown, show "estimated" beside the figure.

CANDIDATE COMMITTEES NOTE:

"Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-relaing, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

R INSTRUCTIONS, SE	E BACK OF FORM		RESET	SCHEDULE	
	t be same as on Statement of Organization)			F (Rev. 02/08)	LOANS RECEIVED & REPAID
eanine A	. Tellin for Supervisor			CHECK.	THIS BOX
TE: This schedule repo	orts money loaned to the committee which is deposited in the	committee	account.		IG FORM
TAL UNPAID LOANS F	FROM <u>LAST</u> REPORTING PERIOD \$ <u>\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\</u>				
RT I - MONETARY LO (Original source	ANS RECEIVED <u>THIS</u> REPORTING PERIOD of loan, such as a bank, must be shown if a third party is inventional to the shown of the shown if a shown if a third party is inventional to the shown if a shown if a shown if a shown if a shown is a shown if a shown is a shown if a shown is a shown in the show	olved. Incl	ude loans from candi	date's personal f	iunds.)
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)		ELATIONSHIP TO DIDATE (If Applicable)	AMOUNT (OF LOAN
6/18/ 18 10 Ma	eanine Tellin 1534 100th Street Lynard, IA 50655	3	3e1f	\$ 500,	00
		-			
		TOTAL	_ (PART I)	s 500	00
	OAN REPAYMENTS MADE THIS REPORTING PERIOD or must be reported on Schedule E In-kind Contributions.) NAME AND ADDRESS OF LENDER		CI ATIONIO NO TO		
(MM/DD/YR)	(Include Endorser's Name, If Applicable)		ELATIONSHIP TO IDATE* (If Applicable	AMOUNT (REPAID
				\$	
					
	<u> </u>				
				_	
	TOTAL CASH R	EPAYMEN	TS (PART II)	sO·	
	From Schedule E - TOTAL	LOANS F	ORGIVEN	\$ <u>-0</u>	-
	TOTAL OUTSTANDING LOANS END	OF REPO	ORT PERIOD	s - 0 s - 0 s 1500	00
naking a contribution to to consanguinity (blood rela	candidate committees to disclose the relationship of any relative committee. Relationship must be shown to the third degratives) and affinity (relatives by marriage). If surname of contout there is no familial relationship, enter "not applicable" in the	ree of ributor is	Page	/of (for Schedu	